


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# DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION

☒ Declaration OR  
Submitted  
with Initial Filing

☐ Declaration  
Submitted after  
Initial Filing

Attorney Docket Number | NEX34C-US

First Named Inventor | GOLD, Larry

COMPLETE IF KNOWN

Application Number |

Filing Date |

Group Art Unit |

Examiner Name |

COPY

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

HIGH AFFINITY OLIGONUCLEOTIDE LIGANDS TO GROWTH FACTORS

(Title of the invention)

The specification of which

☐ is attached hereto  
OR

☒ was filed on (MM/DD/YYYY)

30 May 1996 (30.05.96)

as United States Application Number or PCT International

Application Number

PCT/US96/08014

and was amended on (MM/DD/YYYY)

(if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge my duty to disclose information which is material to patentability as defined in Title 37 Code of Federal Regulations, §1.56.

I hereby claim foreign priority benefits under Title 35, United States Code §119 (a)-(d) or §265(b) of any foreign application(s) for patent or inventor's certificate, or §265 (a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority sheet attached hereto.

I hereby claim the benefit under Title 35, United States Code §119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority sheet attached hereto.

(Page 1 of 5)

Surgeon General's Statement: This form is estimated to take 3-4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20230. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO Commissioner of Patents and Trademarks, Washington, DC 20230.

(January 1997)

US

Annex US-1 Page 2

Applicant's Guide - Volume I - National Chapter - US

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## DECLARATION

I hereby claim the benefit under Title 35, United States Code §120 of any United States application(s), or §365(c) of any PCT international application designating the United States of America, filed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT international application in the manner provided by the first paragraph of Title 35, United States Code §112, I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations §1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application Number	PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)
08/458,423		06/02/1995	
08/458,424		06/02/1995	
08/465,591		06/05/1995	
08/465,594		06/05/1995	
08/479,725		06/07/1995	
08/479,783		06/07/1995	

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☒ Additional U.S. or PCT international application numbers are listed on a supplemental sheet attached hereto.

As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

Name	Registration Number	Name	Registration Number
Barry J. Swanson	33,215	Vanessa Appleby	33,223
Thomas D. Bratschun	32,966	Diane Cruz	33,960
Margaret M. Wall	33,462		
Rosemary P. Kellogg	39,726		

☐ Additional registered practitioner(s) named on a supplemental sheet attached hereto.

Direct all correspondence to:

Name | Barry J. Swanson  
Address | 8400 East Prentice Avenue  
Address | Suite 200  
City | Englewood | State | Colorado | ZIP | 80111  
Country | United States | Telephone | (303) 793-2222 | Fax | (303) 793-3433

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor: ☐ A petition has been filed for this unsigned inventor

Given Name | Larry | Middle Initial | | Family Name | Gold | Suffix | e.g. Jr. |

Inventor's Signature |  | Date | 12-9-97

Residence: City | Boulder | State | CO | Country | United States | Citizenship | US

Post Office Address | 1033 5th Street

Post Office Address |

City | Boulder | State | CO | ZIP | 80302 | Country | United States

☒ Additional inventors are being named on supplemental sheet(s) attached hereto

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## DECLARATION

ADDITIONAL INVENTOR(S)  
Supplemental Sheet

Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name	Neboisa	Middle Initial		Family Name	Janic	Suffix	
Inventor's Signature	<i>Neboisa Janic</i>				Date	12-3-97	
Residence: City	Boulder	State	CO	Country	United States	Citizenship	US
Post Office Address: 6973 Carter Trail							
Post Office Address:							
City	Boulder	State	CO	Zip	80301	Country	United States
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name	Nikos	Middle Initial		Family Name	Pagratris	Suffix	
Inventor's Signature	<i>Nikos Pagratris</i>				Date	12/3/97	
Residence: City	Boulder	State	CO	Country	United States	Citizenship	GREECE
Post Office Address: 5813 N. Orchard Cr. Cir.							
Post Office Address:							
City	Boulder	State	CO	Zip	80301	Country	United States
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name		Middle Initial		Family Name		Suffix	
Inventor's Signature					Date		
Residence: City		State		Country		Citizenship	
Post Office Address:							
Post Office Address:							
City		State		Zip		Country	
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name		Middle Initial		Family Name		Suffix	
Inventor's Signature					Date		
Residence: City		State		Country		Citizenship	
Post Office Address:							
Post Office Address:							
City		State		Zip		Country	

Additional inventors are being named on supplemental sheet(s) attached hereto



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DECLARATION

REGISTERED PRACTITIONER  
INFORMATION  
(Supplemental Sheet)

Name	Registration Number	Name	Registration Number
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